"The ultimate clinical decision support system involves using the information you've put in as a by-product of the delivery of care," Bria explains. "The notion of leveraging that information is still just an idea, even for centers like Partners and others that have data warehouses and informatics program. We are leaving so much on the table, like early warnings, discovery of new information, and the unintended effects of drugs. Clinical decision support is not just about writing alerts. That's just one, not-so-bright tool."

Bria is a fan of an electronic health records concept called rapid learning, It promotes narrowing the gap between clinical research and the practice of evidence-based medicine, calling for large-scale patient databases to be combined to mine information about diseases, lifestyle impact on health, healthcare expenses, and the effects of drug treatment. One of its key benefits is the ability to personalize the treatment of individual patients based on collective knowledge.

CMIOs Address the "Information Chasm"

Bria calls the current situation the "information chasm," analogous to the Institute of Medicine's much-quoted "quality chasm." Physicians and others create immense amounts of information, but little of it comes back to improve patient outcomes or clinical practice. Bria says CMIOs are well suited to lead discussions about improving that situation.

In fact, one major change in the CMIO's role is a movement from the IT department's "computer doctor" to positions that have a greater influence on care delivery, according to the survey AMDIS conducts each year. According to Bria, "CMIOs have moved from 'how do I get along with the CIO I report to' to 'I don't want to report to the CIO any more - I want to report to the Chief Medical Officer" in just the last two years.

Membership in AMDIS has grown to around 2,000 physicians, most of them CMIOs. Feedback on the HIMSS symposium was superb, Bria says, guaranteeing its return at HIMSS08 in Orlando.

AMDIS will hold its 16th Annual Physician-Computer Connection Symposium in Ojai, Calif. July 25-27, 2007. ■

Our Take

This issue's article on the role of the Chief Medical Informatics Officer (CMIO) picks at an old wound. Should physicians be running hospital IT departments instead of traditional CIOs who have risen through the programming or business ranks of IT?

It became clear awhile back that CMIOs were becoming more common in hospitals and were being given broader responsibilities. Instead of just being the "demo doc" hired to harass colleagues into using unpopular CPOE systems, CMIOs began leading major initiatives that often blended quality improvement, technology, and change management.

We like that trend. Some traditional CIOs did a good job in representing the interests of patients and clinicians in projects involving patient safety, clinical quality, and medical practice. On the other hand, some took a CFO-like approach to getting projects finished: divide and conquer the medical staff to scatter their legitimate protests, hit the timeline and budget targets to start earning return on investment, and move on to the next big project.

We think a good balance is what Bill Bria mentioned in the article: having CMIOs run clinical IT projects while reporting to the chief medical officer instead of the CIO. That arrangement provides a good firewall between the technology and clinical sides of the house, making sure that quality isn't sacrificed in the quest to call a project finished. ■

Can DoD and VA Successfully Partner to Create a Shared EHR System?

The Department of Veterans Affairs (VA) and the Department of Defense (DoD) announced a plan this past January to create a shared electronic health record system. That news surprised many analysts. After all, the VA's VistA system is often heralded as one of the best implementations of electronic medical records to date, not high on the list of systems anyone would replace.

In addition, the DoD's medical system, the Armed Forces Health Longitudinal Technology Application

(AHLTA), has made inroads of its own as a thriving electronic medical record for inpatients.

The challenge before DoD and VA is to recreate their own individual success in this new joint venture, developing a system that meets the individual needs of each partner.

VistA: "As Close to an EHR as We Have Anywhere"

Denis Protti, a professor of health information science at the University of Victoria in British Columbia, Canada, studies EHRs and the national and private strategies for creating them. He argues that VistA is the finest example so far of a fully implemented electronic medical records system.

"It's probably as close to an EHR as we have anywhere in the world," says Protti. "It tops all indicators on quality of healthcare measures." VistA includes modules for electronic medical records, computerized physician order entry, bar code medication administration, and integrated imaging.

Protti credits the VA's success to its ongoing quality improvement program, the commitment of significant training resources, and, most importantly, the VA's strong clinical leadership.

"Clinicians have been very involved in VistA from the beginning," says Protti. "It was not designed by technologists."

That's not to say, however, that the VA's efforts stopped at the design board. Protti also recognizes the importance of their training programs.

"The VA has provided ongoing support for VistA users," says Protti. "And when I say ongoing support, I mean more than original training. The VA has provided ongoing support and training for users all along that has been very proactive and very visible."

The Deployable AHLTA

AHLTA has also been viewed as a success. Though its functionality is less robust than VistA's, many DoD healthcare facilities have reported a significant reduction in data entry errors since its 2005 deployment. AHLTA has also decreased the time needed to enter critical patient data.

A highly lauded part of AHLTA is its offshoot system, the Medical Communications for Combat Casualty Care (MC4) project. MC4 is a smaller, portable version of AHLTA that provides a medical data management system for deployed service men and women in hostile situations.

To create an electronic medical record that could be successfully used in combat, the MC4 project team had to thoroughly understand the processes and procedures used by medics and service members on the ground. Lieutenant Colonel Edward Clayson, MC4 Commander and Product Manager, says that understanding was key to the system's acceptance.

"We communicated with our users - deployed medical units - early and often," says Clayson. "I believe that our hands-on commitment to customers has led to a spike in satisfaction ratings and helped give birth to the formation of critical best practices."

MC4, like VistA, is supported by significant training efforts "This past year, we've doubled MC4 training and support efforts in the combat zone to ensure training was ingrained and support remained accessible instantly," says Clayson. He argues that the results speak for themselves. MC4 has been successfully used in combat support hospitals in Iraq, Afghanistan, and also in support of Hurricane Katrina relief efforts.

Moving Towards "AHLTA-VistA"

Can the VA and DoD take the important lessons they learned from their individual journeys to patient record systems and apply them to a shared system? Protti thinks so, with the right cultural and technological compatibility.

"I'm aware that in some parts of the United States, there's a fairly close working relationship between DoD facilities and VA facilities," says Protti. "If that's an indication of the sort of attitude that permeates the entire country, then I think the partnership is going to be to the good in the long run."

Both Protti and Clayson agree that having strong

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clinical leadership to offer direction and provide ongoing training are best practices. Additionally, they argue that the importance of getting users involved early in the development process cannot be overstated.

"Our deep involvement with our end users has not only allowed us to continually improve the system to meet their needs, but has also empowered our users to take ownership of the electronic health record mission," says Clayson. Few development teams could ask for more. ■

-- Correspondent Kayt Sukel

A Note from the Publisher

Dear Valued Electronic Subscriber,

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